

**MINISTRY OF FOREIGN AFFAIRS, REGIONAL INTEGRATION AND INTERNATIONAL TRADE**

**THE INDUSTRIAL PROPERTY OFFICE OF MAURITIUS**

THE INDUSTRIAL PROPERTY ACT 2019

*(Regulation 65)*

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| **FORM D 2**  **APPLICATION TO RENEW REGISTRATION OF AN INDUSTRIAL DESIGN** | **For Official Use**  Date of Receipt: ………………………  C.B. No.: ………………………….......  Amount.: ……………………………...  Doc id: ………………………………… |
| 1. **INDUSTRIAL DESIGN DETAILS** | |
| Title: ………………………………………………………………………………………..  Registration number and date: ………………………………………………………………  Application number (*optional*)……………………………………………………………… | |
| 1. **NAME & ADDRESS OF REGISTERED OWNER/S** | |
| Name:…………………………………………………………………………………………....................………  ……………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………….  Address:…………………………………………………………………………………………....................…….  ……………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………….. | |
| 1. **DUE DATE OF RENEWAL** | |
| State the Due Date of Renewal: ……………………………………………  Renewal is for 1st term  Renewal is for 2nd term  Renewal is for 3rd term  Fees to be paid (including surcharge, if applicable): …………………………………………… | |
| 1. **AGENT (*if any*)** | |
| Name: ……………………………………………………………………………………………....................  ………………………………………………………………………………………………………………….  Address: ………………………………………………………………………..................................................  …………………………………………………………………………………………………………………...  …………………………………………………………………………………………………………………..  Tel. No.:………………………Fax No:………………………  Email:…………………………………………………………. | |
| 1. **ADDRESS FOR SERVICE (*if applicable*)** | |
| *Note: Full name and address in Mauritius to which the certificate of renewal is to be sent*  Name: ……………………………………………………………………………………………....................................  ………………………………………………………………………………………………………………………………  Address: ………………………………………………………………………..................................................................  …………………………………………………………………………………………………………………....................  ………………………………………………………………………………………………………………………………  Tel. No.: ……………………Fax No.: ……………………  Email: …………………………………………………….. | |
| 1. **DECLARATION** | |
| By Applicant  I, the undersigned, do hereby declare that the information furnished above is true to the best of my knowledge.  By Agent  I, the undersigned, do hereby declare that the information furnished above on behalf of the applicant is true to the best of my knowledge.  Date: ……………………………... Signature ………………………………………  \*(Applicant/ Agent)  \*Delete whichever is not applicable | |
| No. of extra sheets attached to this form:  sheet(s) | |